

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

**Housing Authority or Management Office Only**

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

**This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

**This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

**Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

**HousingWorks Fax: 617-536-8561**



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

<input type="radio"/>	HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH
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<input type="radio"/>	ETHNICITY Also provide your race at right!	<input type="radio"/>	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b>NOT</b> write Spanish, Hispanic, Latino here – and do <b>NOT</b> write your country!
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<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
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<input type="radio"/>	YOUR HOME TELEPHONE	<input type="radio"/>	SECOND TELEPHONE
<input type="radio"/>	YOUR EMAIL ADDRESS		

CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS

This is:

<input type="radio"/>	
<input type="radio"/>	

SECOND CONTACT ADDRESS

This is:

<input type="radio"/>	
<input type="radio"/>	

<input type="radio"/>	TOTAL HOUSEHOLD SIZE			<input type="radio"/>	# BEDROOMS	<input type="radio"/>	How much money does your family receive in a year?
	# Adults	# Children	Total #				.0 0

<input type="radio"/>	INCOME SOURCES
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<input type="radio"/>	MOBILE RENTAL ASSISTANCE, if any
-----------------------	----------------------------------

<input type="radio"/>	REQUESTED ACCOMMODATIONS
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<input type="radio"/>	SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
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Dear Applicant:

Thank you for your recent inquiry of occupancy at a *Carabetta Management Company* apartment community. Due to the nature of Federal Assistance provided for these properties, we are required by the U.S. Department of Housing and Urban Development's (HUD) regulations to determine your eligibility for occupancy based on a number of factors, which includes verification of your income and expenses. In addition to performing credit checks, we also perform a criminal history background check. Please review the enclosed Rental Application, and provide us with all of the information requested as completely as possible. If any questions do not apply to you or your household, please mark "N/A". Any persons 18 years of age **AND/OR** older must sign the application.

**PLEASE SUBMIT ONLY ONE (1) APPLICATION PER HOUSEHOLD – EVEN IF YOU ARE INTERESTED IN MORE THAN ONE (1) PROPERTY. THANK YOU.**

We would also like to take this opportunity to advise you that the Owner's and/or Managing Agent and Federal and State agencies discourage the use of illegal drug use, sale or trafficking on the Property. The Managing Agent has the responsibility to actively promote a drug-free lifestyle and will work with Local and State Authorities to prosecute anyone involved with illegal drug use, sale or trafficking. **Therefore, in the event that you are involved with the foregoing, we strongly discourage you from completing and returning the application.**

Again, *Carabetta Management Company* would like to thank you for your inquiry. If you have any questions regarding the requirements of the application, please feel free to contact our office at: (203) 237-7400.

*Sincerely,*

**CARABETTA MANAGEMENT COMPANY**



# **APPLICATION FOR HOUSING**

Low-Income Housing Tax Credit Property

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b>
	<b>Address:</b>
Please complete this application and return to:	<b>Name:</b>
	<b>Address:</b>

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

## **A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  Studio  One BR  Two BR  Three BR  Handicap BR

**Application**

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## B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid ( <b>grants &amp; scholarships</b>	\$
	<b>exceeding of the amount of tuition may have to</b>	
	<b>be included in total income)</b>	
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

**Application**

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
.....		
.....		
.....		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

**Application**

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

### F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		

Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE AND PET INFORMATION</b> (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

**SIGNATURE (S):**

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

# APPLICANT STATEMENT OF AUTHORIZATION

As a condition of residency, I / We authorize Carabetta Management Company or any investigative service to investigate my background to determine suitability for residency. I/We understand that inclusion of any false or misleading information on my application may be grounds for the denial of my application.

I/We have reviewed this form, fully understanding the intent of this authorization and give my full consent for the disclosure of all my records (whether personal or otherwise) from current and/or previous employment, educational institutions, credit and financial institutions, Department of Motor Vehicles, criminal law and law enforcement agencies, military records (which could include a copy of my DD-214 Separation Form).

I fully understand the information provided by the agent is accurate only as to what was provided to them, and therefore do not hold the agent, Carabetta Management Company liable in anyway.

A photocopy of this release will be valid as an original, even though said photocopy does not contain an original writing of my signature.

## **EVERYONE EIGHTEEN YEARS AND OVER MUST SIGN**

X \_\_\_\_\_  
**Applicant Signature**

X \_\_\_\_\_  
**Co- Applicant Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

(The inclusion of your birth date is voluntary, but could assist in verifying records obtained)

Please indicate below if you have been employed or educated under another name, and the dates this name was used, i.e. maiden name, nickname, alias, etc.

\_\_\_\_\_  
\_\_\_\_\_

=====

**HELLO! Providing us with the following brief information will greatly assist our Leasing Staff in helping you find the perfect unit.**

Today's Date: \_\_\_\_\_

What prompts you to look for an apartment?

Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Are you looking for a: Studio: \_\_\_\_\_ 1BD: \_\_\_\_\_

City/State: \_\_\_\_\_

Date you need to move by: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_

Do you own pet(s)? Yes [ ] No [ ]

If Yes, What kind? \_\_\_\_\_

Work ( ) \_\_\_\_\_

Affordable rent range for you: \$ \_\_\_\_\_

How did you hear about us?

Your Occupation: \_\_\_\_\_

\_\_\_\_\_  
(Name of Complex, if applicable)

For How Long: \_\_\_\_\_

\_\_\_\_\_ Resident Referral

What is the most important feature in your new apartment?

\_\_\_\_\_ Newspaper

Size: \_\_\_\_\_ Closet Space: \_\_\_\_\_

\_\_\_\_\_ Sign in front of building.

View: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Other ? Please explain

=====

**FOR STAFF USE ONLY**

Application Given: \_\_\_\_\_

Apartment Shown: \_\_\_\_\_

Staff person taking this information: \_\_\_\_\_ Date: \_\_\_\_\_